MURFREESBORO WATER AND SEWER DEPARTMENT AUTHORIZATION FOR MONTHLY BANK DRAFT

Should you desire to pay your monthly water and sewer bill by automatic debit of your bank account please complete and fax the information below to (615) 907-2254 or mail to P.O. Box 897 Murfreesboro, TN 37133-0897.

I (we) authorize MURFREESBORO WATER AND SEWER DEPARTMENT, hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below. The depository financial institution (i.e. bank, credit union, savings & loan) named below, hereinafter called BANK, will receive and debit the same entries to my (our) bank account.

Name(s):	
	(Name as listed on bank account)
Service Loc	eation Address:
Bank Name:	
Bank Mailing	g Address:
	tand the COMPANY may impose a processing fee for accounts that are found to fficient funds.
WRITTEN n	ty is to remain in full force and effect until COMPANY and BANK has received obtification from me (or either of us) of its termination in such manner as to afford and BANK a reasonable opportunity to act on it.
DATE	Signed X
	Signed X
	Phone:
You will rece	ase include a voided, legible copy of a check indicating the bank account to be debited. eive your monthly water and sewer bill which will state "MEMO BILL ONLY. Net afted on (Due Date)." Until that time please continue to pay as you have in the past.
BANK DRA	MOVE FROM ONE ADDRESS TO ANOTHER AND WISH TO CONTINUE YOUR FT PLEASE NOTIFY OUR OFFICE WHEN YOU SCHEDULE YOUR MOVE.
	FOR WATER AND SEWER DEPARTMENT USE:
	SETUP:
	MWSD CODED:
	FIRST SCHEDULED TRANSACTION:

Please allow ten (10) days for changes to take effect.

There will be a \$20.00 service charge on all rejected bank drafts.

After two (2) rejected bank drafts in a twelve (12) month period, your bank draft will automatically be terminated.